

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018989

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2501

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in '1b' <b>65 yrs.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>408 E. 81st Street</b>		d. STREET ADDRESS (If outside, give location) <b>408 E. 81st Street</b>	
3. NAME OF DECEASED (Type or print) <b>MARION EUGENE HUSCHER</b>		4. DATE OF DEATH Month <b>May</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/9/1896</b>
9. AGE (last birthday) <b>65</b>		10. UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HR <input type="checkbox"/> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hairdresser</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Michells, Inc.</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Gideon Huscher</b>		13b. MOTHER'S MAIDEN NAME <b>Elba F. Walley</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT <b>J. Michelle Provine</b>	
18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary Thrombosis</b> DUE TO (b) <b>10 Min</b> DUE TO (c) <b>10 Min</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Previous attack 1/20/62</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:15 PM</b> Month, Day, Year <b>Jan 29 1962</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>730 Prof Bg</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City 6, Mo</b>	
20g. COUNTY <b>Missouri</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>Jan 29 1962</b> to <b>May 6 1962</b> and last saw him alive on <b>May 4 1962</b>		Death occurred at <b>11:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W H Goodson</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>730 Prof Bg</b>	
22c. DATE SIGNED <b>5/9/62</b>		22d. SIGNATURE <b>Ruth Long</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>MAY 8, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>D.W. Newcomer's Sons</b>		23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR <b>1331 Brush Creek Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-62</b>	
26. REGISTRAR'S SIGNATURE <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>		27. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

DOCUMENT

BY AFFIDAVIT OF William H. Goodson M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dean W. Huff*

Licensed Embalmer No.

*4914*

P. O. Address

*Indigo, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.